



This is an official
DHEC Health Advisory

Distributed via Health Alert Network
05/27/2014, 4:30 PM
10319-DHA-05-27-2014-Meas

Significant Increase in Measles Cases in US in 2014

Summary

The Centers for Disease Control and Prevention has notified state immunization programs of the significant rise in measles cases in the U.S. this year. As of May 9, 2014, 187 cases of measles have been reported in the U.S., the highest in over 15 years. Importations of measles into the United States continue to occur, posing risks for outbreaks and sustained transmission and emphasizing the importance of maintaining high two-dose measles vaccine coverage.

Measles is an acute viral respiratory illness characterized by a prodrome of fever, malaise, and the three "C"s -- cough, coryza, and conjunctivitis. Koplik spots, found on the buccal mucosa, are pathognomonic for measles. A generalized maculopapular rash usually appears about 14 days after a person is exposed; the incubation period ranges from 7 to 21 days. The rash spreads from the head to the trunk to the lower extremities. Patients are considered contagious from 4 days before to 4 days after the rash appears.

DHEC is advising clinicians to maintain high awareness for measles and consider the diagnosis for a clinically compatible febrile rash illness, particularly in an individual with a recent history of travel outside of the U.S.

Background

Measles was declared eliminated from the United States in 2000. Elimination is defined as the absence of endemic measles virus transmission in a defined geographic area, such as a region or country, for 12 months or longer in the presence of a well-performing surveillance system. However, measles cases and outbreaks still occur every year in the United States because measles is still commonly transmitted in many parts of the world, including countries in Europe, Asia, the Pacific, and Africa. A majority of cases are attributed to outbreaks. Measles is more likely to spread and cause outbreaks in U.S. communities where groups of people are unvaccinated.

Because measles is no longer endemic in the U.S., many U.S. healthcare providers have never seen a patient with measles. Providers might not recognize the signs and symptoms or follow established protocols for immediate isolation of suspected patients and collection of appropriate specimens for laboratory confirmation.

Guidance for Clinicians

Consider measles in patients

- who present with febrile rash illness and clinically compatible measles symptoms [cough, coryza (or runny nose) or conjunctivitis (pink eye)],
- who recently traveled internationally or were exposed to someone who recently travelled, and
- who have not been vaccinated against measles.

Healthcare providers should also consider measles when evaluating patients for other febrile rash illnesses, including Dengue and Kawasaki's Disease.

If measles is suspected, do the following immediately:

1. Patients in health care settings should promptly be placed in respiratory isolation to avoid disease transmission. Individuals in the community should be advised to isolate themselves from contact with others.
2. Immediately report suspect measles cases to your local county health department.
3. Obtain specimens for testing from patients with suspected measles.

Serology: The required case-defining laboratory specimen is blood for serology. Testing for the measles IgM antibody must be requested to diagnose measles. IgG antibody is used to determine the immune status of the patient.

Virus detection: It is important to obtain viral specimens in addition to serology. Providers should obtain throat swab or nasopharyngeal swab specimens for measles virus detection. Consult with DHEC for additional guidance about specimen collection.

Resources for Additional Information

- Additional guidance about measles can be found at <http://www.cdc.gov/measles/hcp>.
- For photos of measles: <http://www.cdc.gov/measles/about/photos.html>.

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of measles is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2014 List of Reportable Conditions available at:

<http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2014

Mail or call reports to the Epidemiology Office in each Public Health Region.

LOW COUNTRY PUBLIC HEALTH REGION

Berkeley, Charleston, Dorchester
4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0043
Fax: (843) 953-0051
Nights / Weekends: (843) 441-1091

Beaufort, Colleton, Hampton, Jasper
219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 549-1516
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

Allendale, Bamberg, Calhoun, Orangeburg
932 Holly Street
Holly Hill, SC 29059
Phone: (803) 300-2270
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

MIDLANDS PUBLIC HEALTH REGION

Kershaw, Lexington, Newberry, Richland
2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: (888) 801-1046

Chester, Fairfield, Lancaster, York
PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: (888) 801-1046

Aiken, Barnwell, Edgefield, Saluda
222 Beaufort Street, NE
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (888) 801-1046

PEE DEE PUBLIC HEALTH REGION

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion
145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 915-8845

Clarendon, Lee, Sumter
PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: (843) 915-8845

Georgetown, Horry, Williamsburg
1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 915-6502
Nights/Weekends: (843) 915-8845

UPSTATE PUBLIC HEALTH REGION

Anderson, Oconee
220 McGee Road
Anderson, SC 29625
Phone: (864) 260-5801
Fax: (864) 260-5623
Nights / Weekends: (866) 298-4442

Abbeville, Greenwood, Laurens, McCormick
1736 S. Main Street
Greenwood, SC 29646
Phone: (864) 227-5947
Fax: (864) 953-6313
Nights / Weekends: (866) 298-4442

Cherokee, Greenville, Pickens
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

UPSTATE PUBLIC HEALTH REGION (continued)

Spartanburg, Union
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

DHEC Bureau of Disease Control Division of Acute Disease Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



www.scdhec.gov

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.